

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

FILED

FEB 16 2005

U.S. DISTRICT COURT
DISTRICT OF DELAWAREDONALD WARD

Plaintiff

V.

WARDEN THOMAS CARROL
CAPT CARL HAZZARD / Dep't Warden DAVID PIERCE
Defendant(s)APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

06 - 106

CASE NUMBER:

I, Donald K. Ward

declare that I am the (check appropriate box)

• • ☒ Petitioner ☒ Plaintiff ☐ Movant • • ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • ☒ Yes • ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTERInmate Identification Number (Required): 141205Are you employed at the institution? Yes Do you receive any payment from the institution? YesAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • ☒ Yes • ☐ No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. 30 dollars a month - From food service Del-Corr-Center 1181 Paddock Rd Smyrna, Del. 19977
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------|---|
| a. Business, profession or other self-employment | • • Yes | • • <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | • • Yes | • • <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | • • <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | • • Yes | • • <input checked="" type="radio"/> No |
| e. Gifts or inheritances | • • Yes | • • <input checked="" type="radio"/> No |
| f. Any other sources | • • Yes | • • <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts?

• • Yes

• No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable. ***NONE***

I declare under penalty of perjury that the above information is true and correct.

2/11/06
DATE

Donald C. Ward
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Individual Statement

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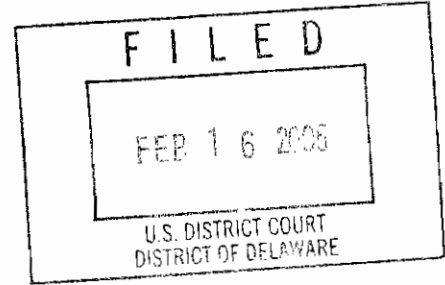
Date Printed: 2/10/2006

For Month of October 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or	Trans #	Balance	PayTo	SourceName	
00141205	WARD	Donald	K		\$0.10						
Current Location: E		Comments:									
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	MO # or Ck #	Trans #	Balance	PayTo	SourceName	
Misc Wage	10/3/2005	\$38.25	\$0.00	\$0.00	\$38.35		165131	\$38.35	FS 8/24-9/23	J JONES	
Mail	10/5/2005	\$45.00	\$0.00	\$0.00	\$83.35		166491	\$83.35			
Canteen	10/6/2005	(\$37.55)	\$0.00	\$0.00	\$45.80		167658	\$45.80			
Canteen	10/13/2005	(\$15.72)	\$0.00	\$0.00	\$30.08		170949	\$30.08			
Canteen	10/20/2005	(\$8.98)	\$0.00	\$0.00	\$21.10		173976	\$21.10			
Pay-To	10/21/2005	(\$7.50)	\$0.00	\$0.00	\$13.60		174333	\$13.60	PRISON INDUSTRIES		
Canteen	10/27/2005	(\$10.03)	\$0.00	\$0.00	\$3.57		176484	\$3.57			
								Ending Mth Balance:			\$3.57

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00



**Individual Statement
For Month of November 2005**

Date Printed: 2/10/2006

SRI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$3.57
00141205	WARD	Donald	K			
Current Location: E Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
						MO # or Ck #
						PayTo
						SourceName
Misc Wage	11/1/2005	\$35.28	\$0.00	\$0.00	\$38.85	177440
Canteen	11/1/2005	(\$11.33)	\$0.00	\$0.00	\$27.52	178184
Canteen	11/8/2005	(\$15.31)	\$0.00	\$0.00	\$12.21	181024
Canteen	11/15/2005	(\$11.60)	\$0.00	\$0.00	\$0.61	184527
Ending Mth Balance:						\$0.61

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 2/10/2006

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For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.61			
00141205	WARD	Donald	K						
Current Location:	E				Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Misc Wage	12/1/2005	\$33.12	\$0.00	\$0.00	\$33.73	190257			
Canteen	12/6/2005	(\$21.42)	\$0.00	\$0.00	\$12.31	191878			
Canteen	12/13/2005	(\$12.10)	\$0.00	\$0.00	\$0.21	194170		FS 10/24-11/23/05	
					Ending Mth Balance:	\$0.21			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 2/10/2006

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For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.21			
00141205	WARD	Donald	K						
Current Location:		E	Comments:						
		Deposit or Withdrawal Amount		Non-Medical Hold		MO # or Ck #			
Trans Type	Date	Medical Hold	Balance	Trans #	PayTo	SourceName			
Misc Wage	1/3/2006	\$0.00	\$35.67	202468	FS 11/24-12/23/05				
Canteen	1/4/2006	\$0.00	\$0.24	204529					
			Ending Mth Balance:		\$0.24				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 2/10/2006

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For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.24			
00141205	WARD	Donald	K						
Current Location:		E	Comments:						
Trans Type		Date	Deposit or Withdrawal Amount		Non-Medical Hold		MO # or Ck #	PayTo	SourceName
					Medical Hold		Trans #	Balance	
Misc Wage	2/1/2006	\$32.94	\$0.00	\$0.00	\$0.00	\$33.18	214615		FS 12/24/05-1/23/06
Canteen	2/1/2006	(\$21.63)	\$0.00	\$0.00	\$0.00	\$11.55	215618		
					Ending Mth Balance:		\$11.55		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00